

**Amendment No. 1 to SB3049**

**Crowe  
Signature of Sponsor**

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 3049\***

**House Bill No. 3308**

by adding the following as a preamble immediately before the enacting clause:

WHEREAS, The Family Planning Act of 1971 authorizes the department of health to receive and disburse such funds as may become available to it for family planning programs to public and private organizations which are engaged in providing contraceptive procedures, supplies, and information; and

WHEREAS, there exists a statewide system of county and metropolitan public health departments in every county on the state of Tennessee; and

WHEREAS, these health departments deliver necessary and laudable services in caring for the healthcare needs of Tennesseans, especially Tennesseans who are not able to obtain or afford such services through the private healthcare delivery system; and

WHEREAS, the governor and general assembly have established state-funded programs, often in partnership with the federal government to provide accessible and compassionate care for lower income, uninsured, and uninsurable Tennesseans, such programs including Medicaid, TennCare, Cover Tennessee, and various "safety net" programs; and

WHEREAS, family planning services, breast examinations, screening for cervicovaginal disorders, other gynecologic examinations, and other medical education services are vital components of public health services; and

WHEREAS, it is desirable that state and federal tax revenues for these activities flow primarily and preferentially to county and metropolitan public health departments to strengthen these departments and to establish these departments as preferred primary care providers of healthcare services for persons who cannot afford private healthcare services.

NOW THEREFORE, this act is established to provide a preferred schedule of distribution of funds for these services, with the goal of improving accessibility of services for women, conservation of tax revenues, and improvement of the network of public health facilities. This act shall be called "Public Health Improvement of Women's Health Act."

AND FURTHER AMEND by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. The title of this act is, and it may be known and cited as "Public Health Improvement of Women's Health Act."

SECTION 2. Tennessee Code Annotated, Section 68-34-105, is amended by adding the following as new subsections (c), (d) and (e):

(c)

(1) In effectuating the provisions of this chapter, the commissioner shall adopt rules specifying eligibility standards that a women's health program must meet as a precondition to receiving state funding. The commissioner shall provide reasonable methods by which an applicant wishing to be eligible for federal funding may comply with the eligibility standards for state funding without losing its eligibility for federal funding. The commissioner shall also adopt criteria for documentation through which each applicant for state funding shall provide assurance satisfactory to the commissioner, of compliance with all of the following:

(A) The program shall not discriminate in the provision of services based on an individual's religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status;

(B) The program shall provide services without subjecting individuals to any coercion to accept services or to employ any particular method of family planning;

(C) Acceptance of services shall be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any

other service, assistance from, or participation in, any other program of the service provider;

(D) Any charges for services provided by the program shall be based on the patient's ability to pay and priority in the provision of services shall be given to persons from low-income families. A low income family means a family whose total annual income does not exceed one hundred percent (100%) of the most recent poverty guidelines issued pursuant to 42 U.S.C. 9902(2), and also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services.

(2) The commissioner shall distribute these funds in accordance with subsection (d) subject to the provisions of this subsection. The commissioner shall place a notification of funding availability on the department's website. In accordance with subsection (d), the commissioner shall consider funding requests from public women's health services providers that apply for funding for women's health services to be provided directly and exclusively by its own personnel, in accordance with the regulations of 42 CFR Part 59 under Title X of the federal Public Health Services Act. The commissioner shall not exclude from consideration public women's health services providers that do not provide all of the required Title X women's health services at the time of application for such funding. However, public women's health services providers that do not provide all of the required Title X women's health services at the time of application for funding must provide documentation demonstrating their ability to commence providing such services no more than thirty (30) days from the receipt of such funding. Acceptance of such funding shall constitute an obligation under this section to continue providing such services throughout the funding period covered by their application.

(d) Funds for these services shall be disbursed in this manner:

(1) The commissioner shall give as first and preferential option for provision of services to county and metropolitan public health clinics. The commissioner shall send a letter of notification to each county or metropolitan public health facility six (6) months before awarding a contract or agreement for services. The letter shall indicate the scope of services required to fulfill the intent of this act; the number of women likely to receive various breast, gynecologic, and family planning services required in this act; and the reimbursement fee for each provided service. The commissioner shall invite public health clinic participation, and shall encourage and take measures to facilitate such involvement. If a county or metropolitan public health facility agrees to provide services outlined in this act, the facility shall be automatically approved as a provider. No request for proposal shall be required.

(2) For any county in which a county or metropolitan public health facility does not agree to serve as provider of services within forty-five (45) days of issuing a letter of information to public health facilities, the commissioner shall give the next option for provision of services to teaching hospitals. The commissioner shall send a request for proposal (RFP) to such hospitals four and one-half months before awarding a contract or agreement for service. The RFP shall indicate the scope of services required to fulfill the intent of this act; the number of women likely to receive the various breast, gynecologic, and family planning services contained in this act; and the reimbursement fee for each provided service. The commissioner shall invite teaching hospital participation, and shall encourage and take measures to facilitate such involvement.

(3) For any county in which no county or metropolitan public health facility or teaching hospital agrees to serve as provider of services, the commissioner shall give the final option for provision of services to nonprofit facilities. The commissioner shall send a request for proposal (RFP) to such facilities three

months before awarding a contract or agreement for service. The RFP shall indicate the scope of services required to fulfill the intent of this act; the number of women likely to receive the various breast, gynecologic, and family planning services contained in this act; and the reimbursement fee for each provided service. The commissioner shall invite nonprofit healthcare facility participation.

(e) If funds remain after awarding funding to all public departments of health, the commissioner may make funding available to private applicants in a manner consistent with the provisions of this section.

SECTION 2. This act shall take effect January 1, 2009, the public welfare requiring it.